

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

APPLICANT(S)

FILING DATE

03-23-04

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2	/					
3	/					
4	/					
5	/					
6	/					
7	/					
8	/					
9	/					
10	/					
11	/					
12	/					
13	/					
14	11					
15	22					
16	44					
17	11					
18	11					
19	4					
20	4					
21	4					
22	4					
23	11					
24	4					
25	11					
26	11					
27	4					
28	4					
29	11					
30	11					
31	11					
32	4					
33	11					
34	4					
35	4					
36	11					
37	10					
38	10					
39	4					
40	4					
41	/					
42	/					
43						
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45						
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49						
50						
TOTAL IND.	51					
TOTAL DEP.	113					
TOTAL CLAIMS	123					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						